



State of New Hampshire 2016 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2016

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 03/07/2016
Business ID: 347150
William M. Gardner
Secretary of State

Blue Ribbon Leasing, LLC

PO Box 462

Newton, NH 03858

ADDRESS OF PRINCIPAL OFFICE:

70 S Main St, PO Box ⁴⁶²212

Newton ~~Jct~~, NH ⁰³⁸⁵⁸⁻⁰⁴⁶²03859-0212

REGISTERED AGENT AND OFFICE:

Martines, Joseph E.

70 S Main St PO Box ⁴⁶²212

Newton ~~Jct~~, NH ⁰³⁸⁵⁸⁻⁰⁴⁶²03859-0212

ENTITY TYPE: LLC

BUSINESS ID: 347150

STATE OF DOMICILE: NEW HAMPSHIRE

OWN/LEASE MOTOR VEHICLES & EQUIPMENT

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.



The new mailing address

P.O. Box 462, Newton, NH 03858



The new principal office address

70 South Main Street, P.O. Box 462, Newton, NH 03858-0462

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

NAME

Joseph E. Martines

STREET

70 South Main Street, P.O. Box 462

CITY/STATE/ZIP

Newton, NH 03858-0462

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Joseph E. Martines

Please print name and title of signer:

Joseph E. Martines

NAME

Manager

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

State of New Hampshire
Fee - Form LLC 8 - (LLC) 1 Page(s)

WHEN THIS FORM IS
PUBLIC DOCUMENT
REQUIRED INFORMATION



T1606955147

WILL BECOME A
LIC DISCLOSURE
I WILL BE REJECTED

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New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301